

L160000062915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

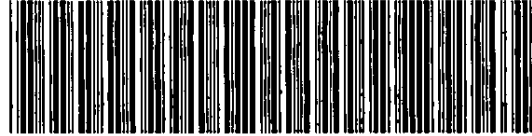
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUN 15 2016  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VBS TECHNOLOGIES LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDRAS VAJKAI

\_\_\_\_\_  
Name of Person

VBS TECHNOLOGIES LLC

\_\_\_\_\_  
Firm/Company

5004 E FOWLER AVE APT 208

\_\_\_\_\_  
Address

TAMPA, FL, 33617

\_\_\_\_\_  
City/State and Zip Code

vajkai@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andras Vajkai

347 4671140  
at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☒ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**VBS TECHNOLOGIES LLC**

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	VBS GROUP EUROPE KFT.	LIGET U. 19. DOMBOVAR	<input type="checkbox"/> Add
		7200 HUNGARY	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ANDRAS VAJKAI	LIGET U. 19. DOMBOVAR	<input checked="" type="checkbox"/> Add
		7200 HUNGARY	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

PLATE 601 OF  
PALAHASSEE, FL

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Tampa, 05/28/16.

Signature of a member or authorized representative of a member

AMIRAS VAKAI  
Typed or printed name of signee